



PROCEDURE

Immunisation - Childhood

Scope (Staff):	Community Health Nurses
Scope (Area):	CACH Immunisation Services

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

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Aim

To support standardised practice in immunisation activities and service, consent,

Risk

- Sub-optimal immunisation places individuals and the wider community at risk of vaccine preventable diseases.
- Failure to identify children with overdue immunisations will lead to missed opportunities for catch-up immunisation.
- Failure to obtain informed consent from clients increases the risk of legal action.
- Incomplete history and difficulties identifying a child's immunisation history resulting from inaccurate or incomplete recording of immunisation. This may affect the family's eligibility for Medicare financial assistance schemes and the child's ability to be enrolled in or attend childcare or school.
- Increased likelihood of adverse events related to vaccination due to appropriate alerts not being flagged.
- Increased likelihood of medication errors and associated harm to the client, due to incorrect labelling of vaccines.

Background

Immunisation is the safest and most effective way to protect children and the wider community from vaccine-preventable diseases. Children and adolescents accessing Community Health Services will have their immunisation status identified and provided with the opportunity to commence or continue with the [Western Australian Immunisation Schedule](#).

The [Australian Immunisation Handbook](#) provides clinical guidelines for health professionals on the safest and most effective use of vaccines in their practice. Staff should administer vaccines and provide pre and post-vaccination care in accordance with the handbook.

Healthcare professionals play an important role in helping to promote and improve the immunisation status of WA children by providing opportunistic immunisations and catch-up programs for those children who may not have commenced or completed the Western Australian Immunisation Schedule. Providing accurate information for families who are hesitant about immunisation is essential to enable parents and carers to make informed choices.

Community Health clinics are nurse led clinics and follow the [Western Australian Immunisation Schedule](#) and administer vaccines under the [WA Structured Administration and Supply Arrangement \(SASA\) for the administration of vaccines by registered nurses](#) and the [WA Medicines and Poisons Regulations 2016](#).

This document is to be read in conjunction with the [CAHS Immunisation Service](#) policy.

Key points

- Every vaccination encounter will be recorded on the Australian Immunisation Register (AIR).
- Immunisation must only be completed by nursing staff who have completed the Immunisation Certificate and been deemed competent in the related clinical skills.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Community Health Nurses (CHNs) must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

Assessment of vaccination history

Assessment of the child's / client's immunisation history and status must be made at each and every appointment using all available electronic systems and paper-based records including:

- WinVacc
- Australian Immunisation Register (AIR) and Provider Digital Access (PRODA) Personal Health Record
- Overseas immunisation record (translated by external services)

All immunisation providers and administrators must be registered for Provider Digital Access (PRODA) with an individual account to access the Australian Immunisation Record (AIR) through Health Professional Online Service (HPOS). This can be obtained by visiting the [Services Australia](#) website.

Vaccination exemptions and contraindications

There are only two absolute contraindications to all vaccines:

- Anaphylaxis following a previous dose of the relevant vaccine.
- Anaphylaxis following administration of any component of the relevant vaccine.

Live vaccines must not be administered to persons who are significantly immunocompromised, regardless of whether the immune compromise is caused by disease or treatment. Further information should be sought from a GP or the [PCH Infectious Diseases Team](#).

Equipment

- Anaphylaxis response kit
- Bag valve mask
- PPE as required
- Sharps disposal containers
- Needles 23g x 25mm (blue safety for intramuscular [IM] injection)
- Needles 23g x 32 mm (for drawing up Meningococcal ACWY)
- Facial tissues
- Alcohol-based hand rub
- Cotton balls
- Medical tape
- Emesis (vomit) bags
- Thermometer
- Posters (as required)
- Copies of [Pre-vaccination screening checklist](#)

Additional equipment (if conducting a home visit or outreach clinic)

- Needles 23g x 32 mm (drawing up Meningococcal ACWY)
- Needles 23g x 25mm (blue safety for IM injection)
- Disinfectant wipes
- Rubbish bag
- Small Eskies[®]
- Large Eskies[®]
- Small tray for Eskies[®]
- Ice / gel blocks for Eskies[®]
- Clax trolleys and baskets
- Bubble wrap

MP 0097/18 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Procedure – Immunisation in the clinic

Steps	Additional Information
<p>1. Identify the client</p> <p>Verify the name, date of birth and address of the child at all encounters</p>	<p>Refer to CAHS Patient/Client Identification</p>
<p>2. Obtain the vaccination history from the parent / carer during the initial assessment and record on the client record card</p> <p>Immunisation history is obtained by viewing:</p> <ul style="list-style-type: none"> • WinVacc • AIR / PRODA • Personal Health Record • Overseas Immunisation Record – translated. 	<p>Clients may not bring their personal records and may access different immunisation providers such as GPs, pharmacists etc.</p> <p>Thoroughly check all available resources prior to vaccinating to reduce the chance of giving a vaccine previously administered.</p>
<p>3. Identify any missed/overdue vaccines in the client's immunisation history.</p> <p>Consider:</p> <ul style="list-style-type: none"> • Age of child / client • Country of birth • Date of last vaccine – gap between • Hepatitis B • Measles vaccine <p>NOTE: Medically at risk and/or Aboriginal clients are eligible for additional vaccines. These do not reflect as being overdue on AIR, therefore AIR is not a reliable information source for overdue vaccines for these clients.</p>	<p>For immunisation schedule and product information, refer to:</p> <p>Western Australian Immunisation Schedule</p> <p>Australian Immunisation Handbook</p> <p>Immunisation provider information and resources</p> <p>PCH A-Z Immunisation Resources</p> <ul style="list-style-type: none"> • Communicable diseases
<p>4. Perform pre-vaccination screening for contraindications to vaccine.</p> <p>Provide parents / carers with a copy of the pre-vaccination screening checklist</p> <p>Consider:</p> <ul style="list-style-type: none"> • Anaphylaxis / allergy 	<p>For further information regarding anaphylaxis, see the Australian Immunisation handbook</p> <p>Pre-vaccination screening checklist</p> <p>See Appendix 3: Adding an ALERT stamp</p>

Steps	Additional Information
<ul style="list-style-type: none"> • Severe reaction following any vaccine • Acute illness • Recent vaccination • Need for additional vaccines <p>Add an ALERT stamp, where required</p>	
<p>5. Obtain consent</p> <p>Verbal or written consent is required from the parent / legal guardian prior to administering vaccination</p> <ul style="list-style-type: none"> • Discuss the planned vaccines to be given with the client / carer and provide: <ul style="list-style-type: none"> ○ Useful information following vaccination (IMM-012666) • Refer to CAHS Immunisation Service policy where the parent / legal guardian is not in attendance e.g: <ul style="list-style-type: none"> ○ is under the care of the Department of Communities ○ has a family or children's court order in place ○ is under informal care arrangements ○ is accompanied by a carer without legal authority to consent • Children who identify as a mature minor are advised to consult with their GP to receive vaccinations • Address any concerns prior to proceeding with vaccine administration 	<p>For more information, see: CACH Consent for Services</p> <p>An interpreter must be used to obtain a valid consent where applicable. See CAHS Immunisation Service</p> <p>An interpreter must be used to obtain a valid consent where applicable - see CAHS Immunisation Service</p>
<p>6. Administer the vaccine</p> <p>Prior to administering the vaccine:</p> <ul style="list-style-type: none"> • Ensure vaccine(s) are appropriately labelled 	<p>For further information regarding administering vaccines, see Australian Immunisation handbook</p> <p>See the Six rights of safe medication administration</p> <p>See Appendix 1: Supportive medication</p>

Steps	Additional Information
<ul style="list-style-type: none"> • Ensure staff have access to emergency adrenaline (epinephrine) and a bag valve mask • Discuss with parent / carer: <ul style="list-style-type: none"> ○ Safe positioning and clinical hold ○ All children are to be considered a falls risk and should be closely supervised at all times ○ Order of vaccine administration by the nurse e.g. oral, followed by injection(s) ○ Using distraction techniques, according to age • Choose the correct sites for vaccination(s) according to age and number of vaccines required • Assess whether supportive medication is required. <ul style="list-style-type: none"> ○ Provide stat dose to carer to administer to child where applicable ○ Encourage carer to provide further doses as required. • Dispose of the vaccine syringe and needle with the label attached in accordance with CAHS infection control procedures <p>If you observe or an adolescent discloses family or domestic violence (FDV) or adolescent intimate partner violence (AIPV), nurses must take the following action:</p> <ul style="list-style-type: none"> • Communicate the observation / disclosure to the relevant CNM • Document in CDIS 	<p>See Appendix 2: Labelling of injectable vaccines</p> <p>See Distraction techniques for vaccination of children</p> <p>Provide parent/caregiver with Useful information following a vaccine</p> <p>See CAHS Waste Management</p> <p>See CAHS Sharps Management</p> <p>See CACH Family and domestic violence – child and school health for background information on FDV and AIPV.</p>
<ul style="list-style-type: none"> • Provide post-immunisation care • Advise the parent / carer to wait in the clinic area, in close proximity to staff 	<p>See: CAHS Recognising and responding to acute deterioration policy</p>

Steps	Additional Information
<p>and emergency equipment for 15 minutes post-vaccination</p> <p>If an Adverse Event Following Immunisation (AEFI) occurs:</p> <ul style="list-style-type: none"> • Distinguish between anaphylaxis or hypotonic-hyporesponsive episode or vaso-vagal episode • Administer First Aid / adrenaline (epinephrine) if required (for anaphylaxis) • Initiate Danger, Response, Airway, Breathing and Circulation (DRABC) process • Provide verbal clinical handover to ambulance staff in ISOBAR format • Inform CNM • Document the AEFI <ul style="list-style-type: none"> ○ In client records ○ WinVacc ○ Add an ALERT stamp to client records • Report the AEFI online via the WA Vaccine Safety Surveillance (WAVSS) system. Include: <ul style="list-style-type: none"> ○ Date of vaccine ○ Batch number ○ Vaccine name / brand ○ Vaccinator name and initials ○ Parent / carer consent ○ Any reactions, further vaccines and whether a catch-up plan is in progress • Record anaphylaxis on CACH Anaphylaxis event record (CHS510) • Complete the CAHS Adverse drug reaction e-form 	<p>CAHS Allergy and adverse drug reaction management</p> <p>CAHS Clinical incident management</p> <p>See the Australian Immunisation Handbook:</p> <ul style="list-style-type: none"> • Managing anaphylaxis • Recognition and treatment of anaphylaxis • Doses of intramuscular adrenaline (epinephrine) 1:1000 (1 mg/mL) for anaphylaxis <p>Anaphylaxis event record (CHS510)</p> <p>For further information regarding reporting an AEFI to WAVSS, see SafeVac reporter guide</p>

Steps	Additional Information
<ul style="list-style-type: none"> If the incident meets the criteria for a clinical alert (specified in the PCH Clinical Alerts Policy) the Community CACH Medication Safety Pharmacist should be notified. Report a clinical incident in DATIX CIMS 	
<p>7. Discuss the date for next vaccine(s)</p> <ul style="list-style-type: none"> Advise the parent / carer of the next scheduled vaccines For a catch-up, complete CAHS Immunisation catch-up plan (CHS511) and file with the client record <p>Document the catch-up plan in:</p> <ul style="list-style-type: none"> WinVacc (notes section) and; AIR <p>Complex catch-up plans should not be offered / commenced on the day:</p> <ul style="list-style-type: none"> 2 nurses must calculate the plan <p>The parent / carer should be contacted to advise of the plan and be offered an appointment to commence the plan at a later date.</p> <p>All catch-up plans must be checked by the clinic co-ordinator or senior RN/CN.</p> <ul style="list-style-type: none"> If there is a delay to the original catch-up plan, nurses should disregard the existing plan and commence a new plan. 	<p>See the Australian Immunisation Handbook – catch-up vaccination</p> <p>The Australian Immunisation catch-up calculator</p> <p>See Overseas immunisations</p> <p>See How to get an immunisation history statement</p> <p>See Immunisation catch-up program template</p> <p>Immunisation catch-up plan (CHS511)</p>
<p>8. Document and record the immunisation:</p> <ul style="list-style-type: none"> Within the Personal Health Record, Childhood vaccination record card (IMM-000148) <ul style="list-style-type: none"> Place the batch number sticker from the vaccine vial into the Personal Health Record 	

Steps	Additional Information
<ul style="list-style-type: none"> For CACH clinics, record in WinVacc (which uploads to AIR) 	

Procedure – Immunisation outreach clinic

Steps	Additional Information
<p>1. Confirm bookings for the outreach clinic (where feasible) from Outlook booking calendars</p> <ul style="list-style-type: none"> CNM confirms with nurse whether admin support is unavailable on the day <p>Nurses to check vaccination history via:</p> <ul style="list-style-type: none"> WinVacc AIR / PRODA Personal Health Record – CAH-010029 (Purple Book or equivalent) 	<p>Thoroughly check all available resources prior to vaccinating in order to reduce the chance of giving a vaccine previously administered.</p>
<p>2. Designated nurse to prepare, pack and manage the Esky[®] (on the morning of the clinic)</p> <ul style="list-style-type: none"> Use the Outlook booking calendar to determine the number and types of vaccines required Place required vaccines into the pre-prepared Esky[®] (on the morning of the outreach clinic) Record vaccines on CAHS Immunisation batch number log – outreach clinics (CHS513) <p>Perform vaccine reconciliation:</p> <ul style="list-style-type: none"> Prior to leaving base On arrival to outreach clinic At least hourly throughout immunisation session 	<p>Immunisation batch number log – outreach clinics (CHS513)</p> <p>See the National Vaccine storage Guidelines ‘Strive for 5’ for information on correct Esky[®] preparation and packaging.</p> <p>Vaccine temperature should be recorded and maintained throughout the day in accordance with the National vaccine storage guidelines ‘Strive for 5’</p> <p>See Appendix 3: Labelling of injectable vaccines</p>

Steps	Additional Information
<ul style="list-style-type: none"> At base, at the end of the day 	
<p>For vaccination identification, consent and administration process, follow the ‘Immunisation in the clinic’ procedure</p>	

Procedure – Immunisation in the home

Vaccination in the Home

Vaccination in the home is offered to improve the immunisation status of children. All policy documents related to immunisation apply to vaccination in the home. Criteria for vaccination in the home is largely based on clinical judgement and includes family circumstances that make it difficult to attend an immunisation site; such as

- families with multiple births
- those who due to personal, social or environmental circumstances find transportation difficult
- families with members who have a physical or intellectual disability.

Steps	Additional Information
<p>1. Identify the need for vaccination in the home</p> <ul style="list-style-type: none"> Community Health Nurse or Immunisation Nurse identifies a family for vaccination in the home 	<p>See CACH Home and Community Visits</p>
<p>2. Obtain management approval to provide vaccination in the home</p> <ul style="list-style-type: none"> Community Health Nurse (CHN) to email the request to the Clinical Nurse Manager (CNM) with client details and circumstances for request CNM to forward the email request to relevant Immunisation CNM in either North or South Zone Immunisation CNM contacts appropriate immunisation team 	

<p>and allocates family for vaccination in the home, ensuring appropriate staffing levels will be available for appointment.</p>	
<p>3. Obtain the vaccination history Immunisation history is obtained by viewing:</p> <ul style="list-style-type: none"> • WinVacc • AIR / PRODA • Personal Health Record 	<p>Thoroughly check all available resources prior to vaccinating to reduce the chance of giving a vaccine previously administered.</p>
<p>4. Schedule a home visit Immunisation Nurse to contact family in a timely manner and schedule a home visit.</p>	<p>Home visit is recorded in the local clinic calendar</p>
<p>5. Perform pre-vaccination screening for contraindications to vaccine. Obtain the vaccination history from the parent / carer during the initial assessment and record on the client record card Consider:</p> <ul style="list-style-type: none"> • Anaphylaxis / allergy • Severe reaction following any vaccine • Acute illness • Recent vaccination 	<p>For further information regarding anaphylaxis, see the Australian Immunisation handbook</p>
<p>6. Conduct the home visit</p>	<p>Two immunisation-competent nurses are allocated to undertake the visit where feasible.</p> <ul style="list-style-type: none"> • For situations where 2 immunisation competent nurses are not available, refer to your line manager and the CACH Home and Community Visits procedure

	<p>Nurses are required to comply with the CACH Home and Community Visits procedure.</p> <p>See CACH Personal duress alarms</p>
<p>7. Obtain consent</p> <p>Verbal or written consent is required from the parent / legal guardian prior to administering vaccination</p> <ul style="list-style-type: none"> • Discuss the planned vaccines to be given with the client / carer and provide: <ul style="list-style-type: none"> ○ ‘Useful information following vaccination’ (IMM-012666) handout ○ Address any concerns prior to proceeding with administration. <p>An interpreter must be used to obtain a valid consent where applicable.</p>	<p>For more information, see:</p> <p>CACH Consent for Services</p> <p>CAHS Language services</p>
<p>8. Administer the vaccine</p> <p>Prior to administering the vaccine:</p> <ul style="list-style-type: none"> • Ensure vaccine(s) are appropriately labelled • Ensure there is access to emergency adrenaline (epinephrine) and a bag valve mask • Discuss with parent / carer: <ul style="list-style-type: none"> ○ Safe positioning and clinical hold ○ All children are to be considered a falls risk and should be closely supervised at all times. ○ Order of vaccine administration by the nurse e.g. oral, followed by injection(s) ○ Using distraction techniques, according to age 	<p>For further information regarding administering vaccines, see Australian Immunisation handbook</p> <p>See Appendix 1: Supportive medication</p> <p>See Labelling of injectable vaccines</p> <p>Nurses must ensure process compliance in accordance with the Australian Immunisation Handbook (ie maintenance of the cold chain, and access to an anaphylaxis response kit).</p> <p>See CAHS Waste management</p> <p>See CAHS Sharps management</p>

<ul style="list-style-type: none"> • Choose the correct sites for vaccination(s) according to age and number of vaccines required • Assess whether supportive medication is required. <ul style="list-style-type: none"> ○ Provide stat dose to parent / carer to administer to child where applicable ○ Encourage carer to provide further doses as required. <p>Dispose of the vaccine syringe and needle with the label attached in accordance with CAHS policies</p> <p>If you observe or an adolescent discloses family or domestic violence (FDV) or adolescent intimate partner violence (AIPV), nurses must take the following action:</p> <ul style="list-style-type: none"> ○ Communicate the observation / disclosure to the relevant CNM ○ Document in CDIS 	<p>See CACH Family and domestic violence – child and school health for background information on FDV and AIPV.</p>
<ul style="list-style-type: none"> • Provide post-immunisation care <p>Observe the client in close proximity to emergency equipment for 15 minutes post-vaccination</p> <p>If an Adverse Event Following Immunisation (AEFI) occurs:</p> <ul style="list-style-type: none"> • Distinguish between anaphylaxis or hypotonic-hyporesponsive episode or vaso-vagal episode • Administer First Aid / adrenaline (epinephrine) if required (for anaphylaxis) • Initiate Danger, Response, Airway, Breathing and Circulation (DRABC) process 	<p>See: CAHS Recognising and Responding to Acute Deterioration policy</p> <p>CAHS Allergy and Adverse Drug Reaction Management policy</p> <p>CAHS Clinical incident management guideline</p> <p>See the Australian Immunisation Handbook:</p> <ul style="list-style-type: none"> • Managing anaphylaxis • Recognition and treatment of anaphylaxis • Doses of intramuscular adrenaline (epinephrine) 1:1000 (1 mg/mL) for anaphylaxis <p>MR2</p>

<ul style="list-style-type: none"> • Provide verbal clinical handover to ambulance staff in ISOBAR format • Inform CNM • Document the AEFI: • In client records • WinVacc • Add an ALERT stamp to client records • Report the AEFI online via WAVSS. Include: • Date of vaccine • Batch number • Vaccine name / brand • Vaccinator name and initials • Parent / carer consent • Any reactions, further vaccines and whether a catch-up plan is in progress • Record anaphylaxis on CACH Anaphylaxis event record (CHS510) • Complete the CAHS Adverse Drug Reaction e-form. • If the incident meets the criteria for a clinical alert (specified in the PCH Clinical Alerts Policy) the Community CACH Medication Safety Pharmacist should be notified. • Report a clinical incident in DATIX CIMS. 	<p>Anaphylaxis event record (CHS510)</p> <ul style="list-style-type: none"> • For further information regarding reporting an AEFI to WAVSS, see SafeVac reporter guide
<p>9. Discuss the date for next vaccines(s)</p> <ul style="list-style-type: none"> • Advise the parent of the next scheduled vaccines • For catch-up plans, see the clinic procedure 	

<p>10. Documentation</p> <p>Immunisation Nurse to:</p> <ul style="list-style-type: none"> • complete all documentation and plan any further home vaccinations or clinic visits. • email referring community health nurse and line manager to: <ul style="list-style-type: none"> ○ advise that immunisation has been given ○ request immunisation / visit be documented in CDIS • enter the immunisation details into WinVacc which will upload automatically to AIR 	
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Related internal policies, procedures and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link
Aboriginal child health policy
Child health services policy
Clinical handover-nursing
The following documents can be accessed in the CACH Operational Policy Manual
Consent for services
Home and community visits
Personal duress alarms
The following documents can be accessed in the CAHS Policy Manual
Exposure to blood and bodily fluids
Hand hygiene
Immunisation service

Language services
Medication safety
Patient/client identification protocol
Recognising and responding to acute deterioration
Sharps management
Waste management


Related external legislation, policies, and guidelines
Australian immunisation handbook
WA Medicines and Poisons Regulations 2016
WA SASA for the administration of vaccines by registered nurses
Western Australian Immunisation Schedule

Related internal resources (including related forms)
Admin process
Anaphylaxis event record (CHS510)
Immunisation catch-up plan (CHS511)
Distribution log of Paracetamol bottles – (CHS680)
Expiry log check – (CHS681)
Immunisation batch number log – main base (CHS513)
Immunisation batch number log – outreach (CHS514)

Related external resources (including related forms)
Communicable diseases
Immunisation provider information and resources
Pre-vaccination screening checklist

School-based immunisation program
Services Australia
Six rights of medication safety administration
Useful information following a vaccine
Foreign Language Terms Tables 1 and 2 Disease, Vaccine and Tradename

This document can be made available in alternative formats on request.

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Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children’s Hospital

Appendix 1: Supportive medication

Paracetamol

As per the [Australian Immunisation Handbook](#), clients less than 2 years of age receiving meningococcal B vaccine (Bexsero[®]) are recommended to receive [paracetamol](#) within 30 minutes before, or as soon as practical after receiving the vaccine, to help manage pain and fever.

Refer to the *Australian Immunisation Handbook* and SASA for more details regarding paracetamol requirements.

Supply and administration of paracetamol in the community setting

Parents / Carers should be encouraged to source and administer paracetamol using stock purchased privately (this may require a family to come back for the vaccination at another time when they have been able to access paracetamol).

In instances where families cannot reasonably source paracetamol, a stat dose may be provided onsite at the clinic using clinic stock. Nurses will provide the stat dose to the parent / carer to administer to the client.

- Imprest stock of paracetamol suspension 50 mg/mL must be used for the stat dose
- Parents / Carers should be counselled appropriately with dosing advice taken from the [PCH Paracetamol Monograph](#)
- A record of the dose administered must be entered into WinVacc
- Paracetamol must be sourced centrally from Central immunisation Clinic (Rheola Street)
- A log of supply to relevant clinics must be kept with records for auditing purposes - see [Distribution log of Paracetamol bottles – CHS680](#)
- Paracetamol bottles must be stored in a locked area that is only accessible by authorised staff. Expiry checks must be performed prior to administration, as well as every 3 months with records of this kept for auditing purposes – see [expiry log check – CHS681](#)
- Paracetamol must not be supplied to patients and family for later use.

Appendix 2: Labelling of injectable vaccines

Where not provided in a pre-filled syringe, injectable vaccines must be labelled in compliance with the [National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#) to minimise preventable vaccine administration errors and to improve safe vaccine use. All immunisation providers are responsible for ensuring that vaccine syringes are appropriately labelled prior to administering vaccines to clients.

Labelling requirements depend on whether the vaccine will be administered in a closed or open practice environment:

- **Open-Practice Environment:** Any clinical area where there may be more than one client present (e.g. School Based Immunisation Program [SBIP]). Client information is not required to be included on the label however all other requirements as per the national standard must be included on relevant labels (Refer to Appendix 3).
- **Closed-Practice Environment:** An interventional area in which the identity of the client is known beyond doubt, and where medication is prepared in the presence of the client (e.g. CAHS CH immunisation clinic). Pre-printed abbreviated container labels may be used without client identifiers where the identity of the client and members of the care team are recorded in a closed-practice environment.

Labelling and disposal of injectable vaccines

Steps	Additional Information
<ul style="list-style-type: none"> • Label vaccines appropriately. • All vaccines removed from the manufacturer's original packaging must be identifiable. Any vaccine or container (e.g. syringe or vial) that cannot be identified will be considered unsafe and discarded immediately. • If multiple syringes are required, they must be prepared, labelled and administered sequentially as independent operations. • If more than one sibling is receiving vaccines, each child will be treated individually (nurses are not to draw up both lots of vaccines at the same time). • In a Closed-Practice Environment: <ul style="list-style-type: none"> ○ Vaccines that do not come as a pre-filled syringe should ideally be administered 	<p>Labels are provided to each CACH immunisation service in pre-organised boxes for administration in Open-Practice Environments:</p> <ul style="list-style-type: none"> • <i>Hepatitis B</i> <ul style="list-style-type: none"> ○ H-B-Vax II® Paediatric Vial ○ H-B-Vax II® Adult Vial • <i>Measles, mumps, rubella</i> <ul style="list-style-type: none"> ○ Priorix® & Solvent ○ M-M-R II® & Diluent • <i>Measles, mumps, rubella + varicella</i> <ul style="list-style-type: none"> ○ Priorix-Tetra® & Diluent ○ ProQuad® & Diluent • <i>Diphtheria, tetanus and pertussis</i>

Steps	Additional Information
<p>immediately after reconstitution in the presence of the client.</p> <ul style="list-style-type: none"> ○ Only one vaccine at a time should be prepared and labelled before preparation and labelling of subsequent vaccines. ● In an Open-PracticeEnvironment: <ul style="list-style-type: none"> ○ A vaccine that is required to be reconstituted and drawn up into a syringe must be labelled (see Appendix 3 for example). ● Flag the label to the top of the syringe but not covering the graduations. 	<ul style="list-style-type: none"> ○ Tripacel® Vial ● <i>Diphtheria, tetanus and pertussis + hepatitis B, Hib and polio</i> <ul style="list-style-type: none"> ○ Infanrix Hexa® & Diluent ● <i>Diphtheria, tetanus and pertussis + polio</i> <ul style="list-style-type: none"> ○ Quadracel® Vial ● <i>Hepatitis A</i> <ul style="list-style-type: none"> ○ VAQTA® Paediatric /Adolescent Vial ● <i>Varicella</i> <ul style="list-style-type: none"> ○ Varilrix HAS-Free® & Solvent ○ VarivaxV® & Solvent ● <i>Meningococcal ACWY</i> <ul style="list-style-type: none"> ○ Nimenrix® & Solvent ○ Menveo® & Solvent ○ MenQuadfi® & Solvent <p>See minimum labelling requirements for administration of a reconstituted vaccine in an Open-Practice Environment below</p>
<ul style="list-style-type: none"> ● Disposal of syringe and needle <p>The syringe and needle, with label attached, will be disposed of in accordance with the CAHS Waste Management policy and CAHS Sharps Management policy.</p>	

Appendix 3: Minimum labelling requirements for administration of a reconstituted vaccine in an open-practice environment

The minimum labelling requirements for administration of a reconstituted vaccine in an open-practice environment applies to the following vaccines:

- *Hepatitis B*
 - **H-B-Vax II® Paediatric** Vial
 - **H-B-Vax II® Adult** Vial
- *Measles, mumps, rubella*
 - **Priorix®** & Solvent
 - **M-M-R II®** & Diluent
- *Measles, mumps, rubella + varicella*
 - **Priorix-Tetra®** & Diluent
 - **ProQuad®** & Diluent
- *Diphtheria, tetanus and pertussis*
 - **Tripacel®** Vial
- *Diphtheria, tetanus and pertussis + hepatitis B, Hib and polio*
 - **Infanrix Hexa®** & Diluent
- *Diphtheria, tetanus and pertussis + polio*
 - **Quadracel®** Vial
- *Hepatitis A*
 - **VAQTA® Paediatric /Adolescent** Vial
- *Varicella*
 - **Varilrix HAS-Free®** & Solvent
 - **VarivaxV®** & Solvent
- *Meningococcal ACWY*
 - **Nimenrix®** & Solvent

- **Menveo®** & Solvent
- **MenQuadfi®** & Solvent

The template below should be used for newly identified vaccines requiring labelling:

<p>BRAND NAME</p> <p>INSERT DOSAGE of GENERIC NAME in 0.5 mL sodium chloride 0.9%</p> <p>For *INSERT ROUTE* use</p> <p>Store between 2°C and 8°C</p> <p>Protect from light</p>	<p>Prepared by: _____ Checked by: _____</p> <p>EXPIRY: ___/___/___ ___:___ am/pm</p> <p>Discard if not used within * hours of reconstitution</p>
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Refer to [ACSQHC National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#) and [ACSQHC Recommendations for terminology, abbreviations and symbols used in medicines documentation](#) for more information.

Appendix 4: Adding an ALERT stamp

An **ALERT** stamp assists immunisation providers to identify all clients for whom there are specific issues, such as known medical, scheduling or consent issues, which must be considered prior to vaccination in the primary schedule, targeted populations and SBIP.

Process for adding an alert stamp

Steps	Additional Information
<p>Identify client requiring an ALERT stamp</p> <p>The standard ALERT Stamp will be used when issues which preclude vaccination, or affect the schedule, are known to the immunisation provider.</p>	<p>The ALERT stamp will be used when:</p> <ul style="list-style-type: none"> • The child has an identified medical condition that is contraindicated with scheduled vaccines and cannot be given; • The child has a medical issue, e.g. fainting, allergies, and requires caution when administering vaccines; • The child has a medical condition under specialist paediatric care and requires review prior to administration of vaccines; • The child is undergoing a complex catch-up program; or, • Consent has not been given to one or all scheduled vaccines.
<p>Place ALERT stamp on relevant documents</p> <p>When an ALERT stamp is required, it must be placed appropriately:</p> <p>On both sides of the School Based consent form</p> <p>OR</p> <p>On both sides of the immunisation provider cards.</p>	